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Attention: Health and Medicine Policy Research Group

Re: Comments on Medicaid 1115 Draft Application

I am writing on behalf of the Lake County Health Department/Community Health Center. We have a Nurse-Family Partnership™ program which serves Lake County residents. We appreciate the recent update on the status of Illinois' Medicaid 1115 waiver, identifying specific goals and pathways whereby evidence based- home visiting programs like Nurse-Family Partnership™ (NFP) can contribute and be integrated into the health care system. We are pleased to have the opportunity to offer our comments and recommendations.

We added NFP to our Maternal Child Health services because it is an evidence-based, community health home visiting program; and it has over 35 years of randomized controlled-trial research documenting its effectiveness. We are able to offer vulnerable, first-time, low-income moms and their babies services that have been demonstrated to positively impact healthy birth outcomes. Additionally, clients learn how to provide responsible and competent care for their children, and become more economically self-sufficient. From pregnancy until the child turns two years old, NFP Nurse Home Visitors form a much-needed, trusting relationship with their clients, instilling confidence and empowering them to achieve a better life for their children – and themselves. It is very important to us to provide services that we know are effective and that the dollars spent are a valuable contribution to the community. In the case of NFP we know there is an outstanding return on the investment. A RAND analysis found that for every \$1 invested in NFP to serve high risk families, communities can see up to \$5.70 in return due to savings in social, medical and criminal justice expenditures.

NFP is in the long-standing line of public health services and prevention strategies to positively impact health outcomes for families at risk in their communities. While we are only two years into providing NFP services, we are confident we too will have similar results to the randomized control trials that can result in:

- o 35% fewer cases of pregnancy-induced hypertension;
- o 79% reduction in preterm delivery among women who smoke;
- o Fewer subsequent births on Medicaid
- o 31% reduction in very closely spaced (<6 months) subsequent pregnancies;
- o 39% fewer health care encounters for injuries or ingestions in the first two years of life among mothers with low psychological resources;
- o 48% reduction in state-verified reports of child abuse and neglect by child age 15;
- o 56% reduction in emergency room visits for accidents and poisoning at age 2;

- o 50% reduction in language delays by child age 21 months; and
- o 67% reduction in behavioral and emotional problems at child age 6.

As the healthcare environment is rapidly evolving into new models, NFP can, with consistency, help clients participate in current perinatal standards of care while providing care coordination /care management for first-time pregnant women and their children.

These services include:

- Ongoing health and psychosocial assessments of mother/family and baby;
- Anticipatory guidance, counseling and preventive services based on need;
- Early identification of problems and swift intervention with prompt and concise communication to the provider;
- Information and referral, linkage and coordination of other care and services as needed.

As part of the NFP model, we routinely measure, report and analyze a range of metrics which informs us on ways to continually improve. These outcome measures are aligned well to those in managed care plans and integrated care models. When partnered with evidence-based home visiting programs, like NFP, the potential benefits may include:

- Improved access to home visiting services for high risk moms and children;
- Improved health outcomes for both mothers and children;
- Reductions in risk factors that lead to chronic conditions;
- Reductions in costs due to ED visits;
- Better patient compliance with medical provider's instructions;
- Improvements in HEDIS and other quality metrics;
- Improved opportunities to take advantage of pay for performance and other quality incentives;
- Less member churning and more continuity of care; and
- Competitive advantage in the market place.

The proposed Waiver 1115 from HFS and the Triple Aim from CMS can be positively impacted inclusion of evidence-based MCH home visiting services, like NFP.

We recommend that Medicaid cover and reimburse for evidence-based MCH home visiting services as part of Illinois' Medicaid and health care reform initiatives as they can be an effective part of the continuum of maternal child health services. Evaluation measures and structures already exist in programs like NFP to determine the impact and cost effectiveness of evidence-based home visiting services, thus providing another source of reportable data. Additionally, we recommend that HFS create policies and incentives for managed care plans to contract with evidence-based MCH home visiting programs to strengthen services to vulnerable populations through integration and coordination of care.

Thank you for the opportunity to comment on this Waiver proposal.